

| PATENT APPLICATION FEE DETERMINATION RECORD  |   |   |                        | Application or Docket Number<br>10654774 |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
|--|---|---|------------------------|--|--------------|--|----------------------------|--|------|------|------|------|-----------|--------|----|------------------|--------|--|----|--------|------|--|----|------|-------|--|----|-------|-------|--|----|-----------|--------------|--|----------------------------|--|------|------------------------|------|------------------------|--------|--|----|--------|------|--|----|------|-------|--|----|-------|------------------|--|----|------------------|------|--|------------------------|--|--------|--|----|--------|------|--|----|------|-------|--|----|-------|------------------|--|----|------------------|
| Effective January 1, 2003  |   |   |                        |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| <b>CLAIMS AS FILED - PART I</b>  |   |   |                        |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| (Column 1)   |   | (Column 2)                                  |                        |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| TOTAL CLAIMS   |   | 9   |                        |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| FOR  |   | NUMBER FILED                                | NUMBER EXTRA           |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| TOTAL CHARGEABLE CLAIMS  |   | 2   | minus 20 = *           |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| INDEPENDENT CLAIMS   |   | 1   | minus 3 = *            |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                        | <input type="checkbox"/>                 |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |                        |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| <b>CLAIMS AS AMENDED - PART II</b>   |   |   |                        |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| (Column 1)   |   | (Column 2)                                  | (Column 3)             |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| AMENDMENT A  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA       |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
|  | Total                                     | 2   | Minus                  | 20                                       | =            |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| Independent  | 1   | Minus                                       | 3                      | =  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                        | <input type="checkbox"/>                 |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| 7/5/05   |   |   |                        |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| AMENDMENT B  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA       |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
|  | Total                                     | 2   | Minus                  | 20                                       | = 0          |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| Independent  | 1   | Minus                                       | 3                      | = 0                                      |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                        | <input type="checkbox"/>                 |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| AMENDMENT C  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA       |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
|  | Total                                     | *   | Minus                  | *  | =            |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| Independent  | *   | Minus                                       | *                      | =  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                        | <input type="checkbox"/>                 |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| <ul style="list-style-type: none"> <li>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>  |   |   |                        |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| <table border="1"> <thead> <tr> <th colspan="2">SMALL ENTITY</th> <th colspan="2">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th>RATE</th> <th>FEES</th> <th>RATE</th> <th>FEES</th> </tr> </thead> <tbody> <tr> <td>BASIC FEE</td> <td>375.00</td> <td>OR</td> <td>BASIC FEE 750.00</td> </tr> <tr> <td>X\$ 9=</td> <td></td> <td>OR</td> <td>X\$18=</td> </tr> <tr> <td>X42=</td> <td></td> <td>OR</td> <td>X84=</td> </tr> <tr> <td>+140=</td> <td></td> <td>OR</td> <td>+280=</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>OR</td> <td>TOTAL 750</td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th colspan="2">SMALL ENTITY</th> <th colspan="2">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th>RATE</th> <th>ADDI-<br/>TIONAL<br/>FEE</th> <th>RATE</th> <th>ADDI-<br/>TIONAL<br/>FEE</th> </tr> </thead> <tbody> <tr> <td>X\$ 9=</td> <td></td> <td>OR</td> <td>X\$18=</td> </tr> <tr> <td>X42=</td> <td></td> <td>OR</td> <td>X84=</td> </tr> <tr> <td>+140=</td> <td></td> <td>OR</td> <td>+280=</td> </tr> <tr> <td>TOTAL ADDIT. FEE</td> <td></td> <td>OR</td> <td>TOTAL ADDIT. FEE</td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th colspan="2">RATE</th> <th colspan="2">ADDI-<br/>TIONAL<br/>FEE</th> </tr> </thead> <tbody> <tr> <td>X\$ 9=</td> <td></td> <td>OR</td> <td>X\$18=</td> </tr> <tr> <td>X42=</td> <td></td> <td>OR</td> <td>X84=</td> </tr> <tr> <td>+140=</td> <td></td> <td>OR</td> <td>+280=</td> </tr> <tr> <td>TOTAL ADDIT. FEE</td> <td></td> <td>OR</td> <td>TOTAL ADDIT. FEE</td> </tr> </tbody> </table> |   |   |                        |  | SMALL ENTITY |  | OTHER THAN<br>SMALL ENTITY |  | RATE | FEES | RATE | FEES | BASIC FEE | 375.00 | OR | BASIC FEE 750.00 | X\$ 9= |  | OR | X\$18= | X42= |  | OR | X84= | +140= |  | OR | +280= | TOTAL |  | OR | TOTAL 750 | SMALL ENTITY |  | OTHER THAN<br>SMALL ENTITY |  | RATE | ADDI-<br>TIONAL<br>FEE | RATE | ADDI-<br>TIONAL<br>FEE | X\$ 9= |  | OR | X\$18= | X42= |  | OR | X84= | +140= |  | OR | +280= | TOTAL ADDIT. FEE |  | OR | TOTAL ADDIT. FEE | RATE |  | ADDI-<br>TIONAL<br>FEE |  | X\$ 9= |  | OR | X\$18= | X42= |  | OR | X84= | +140= |  | OR | +280= | TOTAL ADDIT. FEE |  | OR | TOTAL ADDIT. FEE |
| SMALL ENTITY   |   | OTHER THAN<br>SMALL ENTITY                  |                        |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| RATE   | FEES                                      | RATE  | FEES                   |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| BASIC FEE  | 375.00                                    | OR  | BASIC FEE 750.00       |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| X\$ 9=   |   | OR  | X\$18=                 |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| X42=   |   | OR  | X84=                   |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| +140=  |   | OR  | +280=                  |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| TOTAL  |   | OR  | TOTAL 750              |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| SMALL ENTITY   |   | OTHER THAN<br>SMALL ENTITY                  |                        |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| RATE   | ADDI-<br>TIONAL<br>FEE                    | RATE  | ADDI-<br>TIONAL<br>FEE |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| X\$ 9=   |   | OR  | X\$18=                 |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| X42=   |   | OR  | X84=                   |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| +140=  |   | OR  | +280=                  |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| TOTAL ADDIT. FEE   |   | OR  | TOTAL ADDIT. FEE       |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| RATE   |   | ADDI-<br>TIONAL<br>FEE                      |                        |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| X\$ 9=   |   | OR  | X\$18=                 |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| X42=   |   | OR  | X84=                   |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| +140=  |   | OR  | +280=                  |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |
| TOTAL ADDIT. FEE   |   | OR  | TOTAL ADDIT. FEE       |  |              |  |                            |  |      |      |      |      |           |        |    |                  |        |  |    |        |      |  |    |      |       |  |    |       |       |  |    |           |              |  |                            |  |      |                        |      |                        |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |      |  |                        |  |        |  |    |        |      |  |    |      |       |  |    |       |                  |  |    |                  |

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